DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05679 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First Middle 20. DATE KNOWN X Month 2b. HOUR (Type or Print) \$25P ESTI-Page Mary Bailev 4-19-68 Lavina DEATH MATED IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS 2d. HOUR 3. SEX 4. RACE S. DATE OF BIRTH DATE PRONOLINCED DEAD ny dela 2, and PM3. Female White Feb. 13.1885 19 19 68 835 M pages I and 2 with the State Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with farm in Item 18. Give Pages I WIDOWED T DIVORCED Garrett esternport. haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mass of working life, even if retired | UNDUSTRY | Retired House Wife Home Cuppett-Weeks Nursing Home Oakland 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befage 13c CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY YES KNO Keuser after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First haurs John Edward Brown Mary Lavina Grady the Chief Medical Examiner's 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT within (Yes, no, or unknown) (If yes give wor or dates of service) Evelvn D. Bodine. Richmond. Va. No None APPROXIMATE INTERVAL (Daughter) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) within permit. BETWEEN ONSET AND DEATH S CAUSED BY: IMMEDIATE CAUSE (a) Cereberal vascular accident PART I. DEATH WAS CAUSED BY: pending Days event DUE TO, OR AS A CONSEQUENCE OF burial-transif Conditions, if any, which gave Arteriosclerosis, generalized Years rise ta immediate cause (a). please execute the certificate, writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Prior cereberal vascular accident remayal, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 NO DO pe D 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X ond in my opinion the funeral director. Notural couses Accident 7 death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-19-68 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health NAME Dype James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) Oakland, Garr., Md. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Philos Cem. Westernport, Md. Burial 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Smith . Tr . Keyser

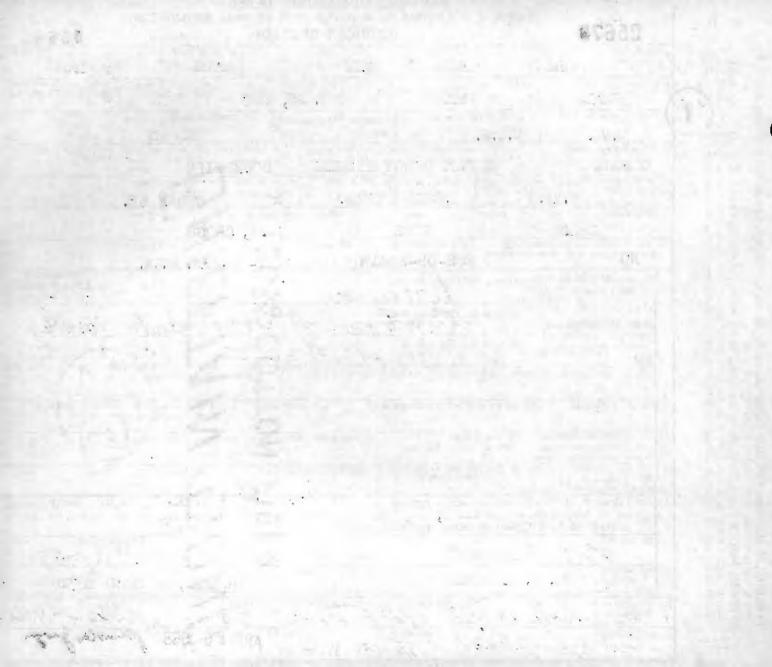
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1 -	-		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET. B		
NA		05677		ERTIFICATE OF DEAT		85650
IVI		ype or print)  Joh	n Wesley Frank	lin 8eeman	20. DATE OF DEATH  April 23.	1968 10:55 <sup>th</sup>
65 11 1	3, 51	Male	4. RACE White	S. DATE OF BIRTH July 31.	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
18		neru)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		Maryland	U.S.A.	WIDOWED DIVORCED	Garrett Count	V _ Md.
5	1	ary or town of DEATH Dakland	11. NAME OF HOSPITAL OR INS give street oddress) Garrett Co.		USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY State Roads
11	13o. adm	USUAL RESIDENCE (Where decease ssion) STATE Maryland	d lived, if institution: Residence before 13b. COUNTY Garrett		CITY LIMITS? 13e. STREET AND NUMBER	
1	14, 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NA	ME First Middle	Last
		Thomas	William Seema		ma Maude	Stewart
	16a.	was deceased ever in U.S. ARMI es, na or unknown) (If yes give wa	D FORCES? 16b. SOCIAL SECURITY N ror dates of service) 215-05-2	IO. 17. INFORMANT	E. Beeman Deer	Md.
	NO	4201	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NO			ware war
X	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	MEDICAL CL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy Year P.M. 19		(Enter noture of injury in Part 1 or Port 2,	item 18.)
	*	While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		,	County State
		causes stated above,	the spital attended the decease ve an APF11 23 19 (I) (we) (did) (d <del>id not</del> ) view the b	d from 10V • 20 , 9 68 and that in (my) (eur) ady after death.	19 <u>65</u> , ta <u>April 23</u> , 19 <u>5</u> apinian death accurred an the da	te and have and fram the
		22b. SIGNATURE 22d. PHYSICIAN'S	W. Theighton	DEGREE PHYS.	MED. STAFF 22c. I	5 Apr 68
1		NAME (Type) Dr. H.	H. Leighton		and, Maryland 2155	0 ′
P			27/68 Deer	emetery or crematory Park Cemetery	23d. LOCATION (City or Town)  Deer Park, M	
/68	9	erald or. Min	nich Oakland	, Maryland DATE	APR 3.0 1968 20	Contes Justine

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requires that the death certificate be executed within 24 haurs after death. g physician.  signed by the attending physician and completely filled in by the funeral subvirial-transit permit. Then please remave carbon papers. Pages I and 2 a burial, cremation, ar remaval, and in any event, within 72 haurs after death.	DECEASED-NAME Firs (Type or print) ANIA	† Middle	BOIT Lost	2a. DATE OF DEATH APRIL, Month Do	2b. Hour
es lur	SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH OCT. 26, 1.89		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH'S DAYS HOURS MIN.
illed in by the papers. Paginin 72 Jours	A. BIRTHPLACE (Stote or foreign country)  W.VA.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH GARRETT	Md.
ban ba ban ba within	IO. CITY OR TOWN OF DEATH  OA KIJA ND		TY MEMORIAL during of	L OCCUPATION (Kind of work done stof working life, even if retired.) SEWLFE	12b. KIND OF BUSINESS OR INDUSTRY
gve car y event	admission) STATE W.VA		THOMAS YES NO	BROWN ST.	
burial, cremation, ar remayal, and in any event, within	14. FATHER'S NAME First JOSEPH	Middle Lost SUDE		. CROSS	Last
naval, and in any	NU	war at dates of service) 232-09-5	341BH* LOUIS BOIT-	THOMAS, W.VA.	
mit. Th ar remo	PART I DEATH WAS CAUS	nty one cause per line far (a) (b), ond (c) ED BY: IATE CAUSE (a)	una		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30000
nst permit. The mation, ar rema	Canditions, if any, which gave rise to immediate cause (a),	DUE TO, OR AS A CONSTITUENCE OF	hoses of le	ser -outs	Juntes
burial, cremat	stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	exlectesin		funtes
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be detached far use as the State Dept. af Health prior ta	190. DATE OF OPERATION 199	. CONDITION FOR WHICH OPERATION WAS PE	YES NO	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	
ed far	G (If either, natify medical exon	HOUR A.M. Month Day Year liner) P.M.		nature of injury in Part 1 or Part 2,	
te Dept	While Not while at work at work		TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town  APRIL 9 , 19	County State
auld be the Sto	saw the deceased causes stated above	his haspital) attended the decease alive an <u>APRTL</u> 9 re, (1) (we) (did) (did nat) view the	9 68, and that in (my) (aur) apid bady after death.	nian death accurred an the de	ate and haur and fram the
director, page 3 shauld shauld be filed with the	22b. SIGNATURE	Mance	DEGREE PHYS.	ED. STAFF 22c.	DATE SIGNED
tar, par	4	A. E. MANCE	22e. ADDRESS	OAKLAND, MARYLA	
	230. BURIAL, CREMATION, REMOVAL (Specify). 23b.	DATE 23c. NAME OF ADDRESS	CEMETERY OF CREMATORY  250. REC'DABLE		(County) (State) V.
R A15 (4) A REV, 1/68	24. FUNERAL DIRECTOR	unes 14	OMBS, W. VA DATE A	HGISTRAS 1968 REGISTRADA	and hade



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26. HOURE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) ZATDEE April Month 1804 by the funera JOSEPHINE BROWNING 1968 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years 90 birthday) Female White July 16, 1877 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland and completely filled in remove carbon papers. cremotion, or remavol, and in any event, within 72 h USA Garrett WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Public Sch. Nursing Home during most of working life, even if retired.) Oakland 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Garrett Oakland YES 🛖 NO T S. Second St. 14. FATHER'S NAME pup First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost John Browning Florence Jam ison physicion c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, ac or unknown) 220-32-4055 E. E. Michael. Oakland. Mrs. APPROXIMATE JINTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (c).), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE fo buriol-transit i burial, cremoti Conditions, if ony, which gove ) rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ficote hos been s for use os the b f Heolth prior to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 📆 this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Stote Dept. of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (i) (this haspital) attended the deceased from. , ta Well tul be retoined by saw the deceased alive an Corcl 12 1968, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, poge 3 DEGREE PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Oakland. Mance. M.D. Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) St. Peter's Catholic Oakland. Garrett. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15(4 30M REV. 1768 Oakland. Md. Durst.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOURPIM DECEASED-NAME First Middle Lost 2n. DATE OF DEATH signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 burial, cremotion, or removal, and in any event, within 72 hours after death. hours ofter death (Type or print) April Calhoun A1ma El nora 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR 3. SEX DAYS Dec. 13, 1896 last\_birthday) MONTHS White Female YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) Maryland U.S.A. WIDOWED [ DIVORCED [ Garrett 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done The law requires that the death certificate be executed within darretter. Memorial Hosp. durillous etter per if retired) INDOWN home Oakland 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Garrett NO Mt. Lake Lost 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Gibson John Calhoun Ann (Neice) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, munknown) Mrs. Bonnie Carlson, Elyria, Ohio APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), 46). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Canditions, if only, which gave a rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending DEUNERAL DIRECTOR: After this certificate has been s 3 should be detached far use as the with the State Dept. af Heolth prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO 🔼 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) or contributing [ cause of Death (If either, notify medical examiner) HOUR A.M. Manth Day Year P.M 3 should be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED **Eity or Town** County Stote While Not while at work 22a. I certify that (I) (this haspital) ottended the deceased from 22, 19 27, to April 3, 1968, that (I) (we) last sow the deceased alive on April 3, 1968, and that in (my) (our) opinion death accurred an the date and hour and from the couses stoted above, (1) (we) (did) (did not) yiew the bady after deoth. 22b SIGNATURE 22G DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Oakland, Maryland H. H. Leighton 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23g. BUR, AL, CREMATION (County) Pisgah, Preston, Bisgah Cemetery FUNERAL DIRECTOR VR A13 (4) 0. Durst Oakl and Maryland DATE



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		11582		CER	RTIFICATE OF DEAT	H	8 33%
			rst	Middle	Lost	20 DATE OF DEATH	2b, HOURT
	11	ype or print) Will	iam	Howard	Clark	Month 24	Doy 12 Year 68 5:00 A
	<b>3</b> . SE	Х	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF INDER 1 YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS MIN.
	L	Male	Whi		Oct. 21, 19	14 lost birthday)	/RS.   Months Okts Hooks   Min.
	7o. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WI		MARRIED WNEVER MARRIED	9. COUNTY OF DEATH	2
	1	Plerce, W. V	a. U.	S.A. W	IDOWED DIVORCED		Garrett Co, Mc
		ITY OR TOWN OF DEATH	11 N/	AME OF HOSPITAL OR INSTITU	TION (If not in hospital 12e	USUAL OCCUPATION (Kind of work do	nne 126 KIND OF BUSINESS OR INDUSTRY
all'		akland, Md.	Garre	itt Co. liemo:	rial Hospital	USUAL OCCUPATION (Kind of work do g most of working life, even if refire	(PAINTOAD
	13e odmi	USUAL RESIDENCE (Where decision) STATE laryla	eosed lived, if institut	ion Kesidence hetare 113c	. CIT OK TOWN   13d INSIDE:	1136. STREET AND NUMBER	
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1	14. F	ATHER'S NAME First John	Middle	losi Clark	IS MOTHER'S MAIDEN NAM	ME First Middle May	
							Dawson
	160. Y	WAS DECEASED EVER IN U.S. (Ef yes 9	ARMED_FORCES? verwor or dates of service)	16b. SOCIAL SECURITY NO 232-26-0115	17 INFORMANT Lowise D.	Clark (Wife)	Kitzmiller, Ed.
	<b>-</b>				DODASO D.	Oldin (Wale)	APPROXIMATE INTERVAL
	Н	1B. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	ISED BY	ne for (o), (b), one (c).)	1. Anne	Prese	BETWEEN ONSET AND DEATH
	Н	IMMI	EDIATE CAUSE (o)	MULLI	u over z	ma	19/2
	Ш	Conditions, if any, which go	DUE TO, OR A	S A CONSEQUENCE OF			
		rise to immediate couse (c	), (D)——	C A CONSTOURNED OF	····		
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		—	CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT R	LATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
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	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR WH	ICH OPERATION WAS PERFOR	MED 200. AUTOPSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
X	I III				YES NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERL			_	Enter noture of injury in Port 1 or Por	t 2, Item 1B.)
	MEDICAL	OR CONTR BUTING CAUSE OF I	DEATH HOUR A.M.	Month Doy Yeor			
	ME	21d. INJURY OCCURRED 2	1e. PLACE OF INJURY	AT HOME FARM, STREET, FACTORY, OFFICE BUILDING, ETC	21f. LOCATION Street or R.F.D	. No. City or Town	County State
		at work at work					4.0
		22a. I certify that (I)	this hospital) atte	ended the deceased f	rom_ 3-27-56, 1	9, to ADTAL 12s, opinion death occurred on the	19_00 , that (I) (we) las
		saw the deceased	alive on ADT	il 12 19 19 (did not) view the bod	Q Pand that in (my) (our)	opinian death occurred on the	e date and hour and from the
		22b SIGNATURE	ive, ()), (we) (aid) i	(did tiot) view the bod	y otter death.		22c. DATE SIGNED
		15	Magai	co 1111.	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1) alm (8
1		22d. PHYSICIAN'S	V LUVIL	1111	22e, ADDRESS		12011100
1		NAME (Type) Dr	. A. E. Ma	mce MD.		Oakland, Md.	/
	23o	BURIAL, CREMATION, 23	b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	-	DELLOSSAN /C £ 3	4-15-68	77-thken ADDRESS			Garnette mid .
1	24	FUNERAL DIRECTOR		ADDRESS	2Sa. REG	D BY REGISTRAR ASb. REGISTR	LEAST BURNING TO SERVICE
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MAKILAND STATE DEPAKTMENT OF DEALTH



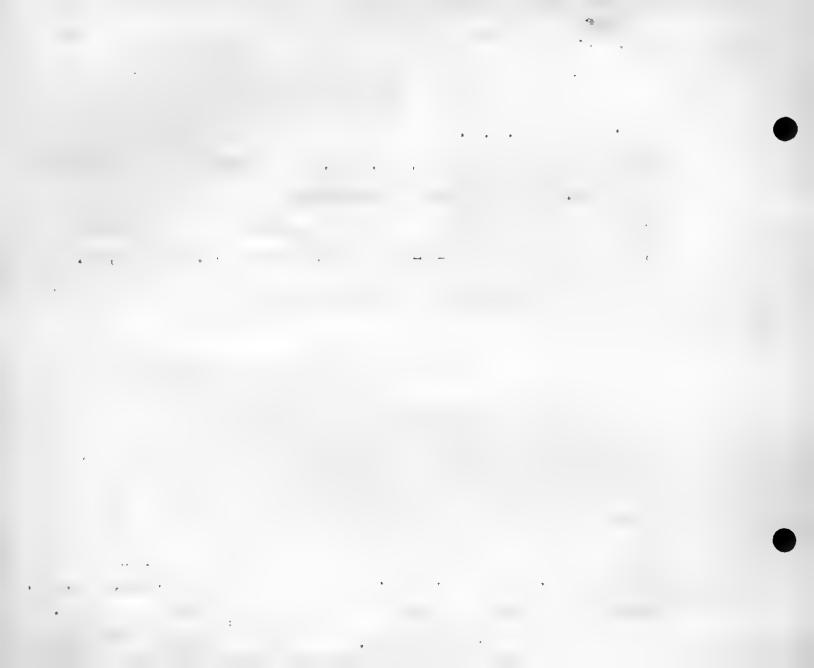
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR A The law requires that the death certificate be executed within 24 hours after death. (Type or pont) Manth James Washington Helmick 0:30Anri 3 SEX 4. RACE F UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE fin years IF JNDER I YEAR MONTHS last\_birthday) HOLIRS Male White October 24 YRS burial-transit permit. Then please remave carban papers. P burial, crematian, ar remaval, and in any event, within 72 hou 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED country) completely filled in USA WIDOWED [ DIVORCED GARRETT Va. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Oak Res during most of working life, even if retired.)
Laborer INDUSTRY Oakland Rest Nursing Home Timber 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY rett YES-Crellin NO [ 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First John Helmick Phoebe Jane Waybright signed by the attending physician burial-transit permit. Then please 16b SOCIAL SECURITY NO 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, ar unknown) (If yes give war or dates of service) 234-12-0467 Mrs. Lucille Wotring Winchester. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), opd (c) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to I CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (and not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION (County) REMOVAL (Supcity) 4/19/ Eglon Cemetery Eglon **ADDRESS** REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. VR A15 (4) 1968 Oakland. Marvland 30M REV. 1/68 DATE



_ 1	MAKYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE AT	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.3.
1	1. DECEASED-NAME First Middle Last 20 DATE KNOWN 3 Month Day Year	2b #OUR
		6812#35v
1	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years IF JINDER I YEAR F JUNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
L	Male White 10/10/1886 81 yrs 4-26-68 199	8:30 M
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
	" Penna   U.S.A.   WIDOWED L.   Garrett	Mo
ľ	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol during most of working life, even if ret.red.)  Oakland  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if ret.red.)  Introduction of working life, even if ret.red.)  Introduction of working life, even if ret.red.)	BUSINESS OR
	Oakland Cunpett—Yeeks Nursing Home Limberman  130 US_A. RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UM. 13? 13e. STREET AND NUMBER	
ı l	odmission) STATE Maryland 36 COUNTY Allegany of Flintstone YES NO 12	
ħ		Lost
1	Barney Imes (Not Known)	
Ī	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
L	(Yes, no, ar unknown) (Hyes give war ar deals of service) 216-22-67274 Frank Teeter Flintstone, Mary	land
Γ	18. LAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)	MATE INTERVAL NSET AND DEATH
ı	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary thrombosis Sudder	
	410, 9 DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate course (a). (b) Arteriosclerosis, generalized Kears	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
L	4-101	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION - 20. AUTO	PSY?
	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTO  YES [  21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Maniful, Day, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18)	NO EX
	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M. 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	GAUSE OF DEATH P.M. 19	
-	are all the state of the state	Stote
	WHILE AT WORK AT WORK AT WORK	
		my opinior
	deoth resulted from: Notural causes	
	ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  22b DATE SIGNED	
l	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b DATE SIGNED  4-26-08	
	NAME (Whe) James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) Oakland, Garr.	Md.
-	230 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
	Burial 4/28/68 Brethren Cemetery Flintstone Alleg Mary	land
	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 RECID BY REGISTRAR 25 REGISTRAR 5 SIGNATURE 4  ADDRESS  AD	udge
L	H.Lee Silcox Cumberland, Maryland 21502 DATE LPR 2 9 1968 Cumber	0



(5)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STAR/	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
DEPT.	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor 2b HO.  (Type or Print) First Middle Lost 20 DATE KNOWN Month Doy Yeor 2b HO.	₽R
17.	(Type of Print)  OF ESTI- ST DEATH MATED 11-25-68 19 57	N
Control of	SEX 4 RACE S DATE OF BIRTH TO AGE IN YOUR FUNDER 1 YEAR IF UNDER 24 HRS 20 DATE PROMOUNCED DEAD 24 HOL	JR
I	Mate White 7-24-92 75 YRS 75 760 19 68 5P	M
	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	П
L	U. S. A. WIDOWED □ DIVORCED □ Garrett	Mr
,	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR	
- 11-	akland give street address co. Lem. Hosp. dury most et working life, even if retired   INDUSTRY School bie	
l	O USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITYMITS? 13e STREET AND NUMBER odmission) STATE 36d 13b COUNTY (12 months)	
F	Ade Gallett. Disoming con is no	
	FATHER'S NAME First Middle Lost TS MOTHER'S MAIDEN NAME First Middle Lost	
L	Abraham Lee Rose Friend	
ľ	o WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes no, or unknown) (If yos give wor or doles of service) 213-12-9645 Russell Lee Rt. 1 Swanton. Md.:	
F	1.)-1yory Massell Dee Rt. I Swanton, Mas:	_
l	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY  CARROLD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ı	//2/ IMMEDIATE CAUSE (o) Cereberal vascular accident 7 days	
	Conditions, if only, which gave )	
	rise to immediate couse (a).	_
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
П	(c)	
ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
l	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?	
	WAS PERFORMED?  YES NO DE	1
		J
	PRIMARY OF CONTRIBUTING HOUR AM CAUSE OF DEATH P.M 19  23d INJURY OF CAREED 21e P. AFF OF N. ARY (At home form street) 21f JOCATION Street or R.F.D. No. Cotton Town Country Street	
	The course I the course I the course in most i	
	WHILE MOT WHILE of foctory, office building, etc.)	
	22a. Keltify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion	on
	death resulted from: Natural causes 🖾 Accident 🔲, Suicide 🗍, Homicide 🗍 Undetermined manner	211
	CHIEF MEDICAL EXAMINER	
	SIGNATURE M	
1	DEPUTY MED CAL EXAMINER 14-25-68	
1	NAME (Type) James H. Feaster, Jr., M. D. ADDRESS (Street, city, town, or county) Oakland. Garr. Md.	
F	30 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d COCATION (City or Town) (County) (Stote)	
	Burial 4/28/68 George Swanton Md.	
1	4 FUNERAL D RECTOR 250 RECTORY REGISTRAR 250	
	Westernport, Md.: DATA P/n 2 9 99 1968 pulled language	



FOR STATE	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, 354
HEALTH DEPT.1		DECEASED NAME First Middle Last 2a DATE KNOWN Manth (Type or Print)	Day Year 2b HOJR
ond 3 to		Lloyd Edward Parrish DEATH MATED 4-7-6	68 19 130m
	3 5	unst hurmany   MONTHS   DAYS   MONTHS   MAIN	2d HOUR
Par A		ale White May 20, 1898 79 Yrs 4 207 7	Yedr 1968 12NM
	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	F	rostburg, Md. USA WIÐOWED DIVORCED GARRETT	Md.
Pages rith for	י עו	CIT OK 10 WN OF DEATH   II. NAME OF HOSPITAL OK INSTITUTION (It not in haspital   12a. JSUAL OCCUPATION (Kind of work dane   1	26. KIND OF BUSINESS OR
offer de 8. Give P along wi with the		Swanton (Laborer	Railroad
s afte 18. Gi along 2 with death	130	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COMMENCE Swanton YES NO [	
haus after death Item 18. Give Pag Office along with Iond 2 with the Sta ofter death	-		
24 haurs after death in Item 18. Give Pages 1, r's Office along with forms so Iond 2 with the State Ders ofter death	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	1/-	James Hugh Parrish Mary Frances Warnick	
thin 24 nucl in nuner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SDCIAL SECURITY NO  17. INFORMANT  ADDRESS  215-14-0477 Floda Parrish Swanton Md	
d within 24 in pencl in Examiner's Fle pages n 72 hours	-		
be executed 'pending' in the Medicol E. Ponsit permit. Fevent within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed 'pending' ir inef Medicol I insit permit.		IMMEDIATE CAUSE (a) COLOTTATA CHIPOHIDOSIS	Sudden
e ey pen ef M sit p		27/0 9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave ) Arteriosclerosis ceneralized	
d d d d d d d d d d d d d d d d d d d		use to immed at a cause (a).	Years
should be 6 he word "pel to the Chief- burial-tronsit in ony ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s she whe was to the burn d in	l	(c)	
ER: This certificate should be executed within certificate, writing the word 'pending' in penct ould be forwarded to the Chief Medical Examines. hould be used as a burial-transit permit. Fle pagian, or removal and in any event within 72 hours.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi orware used c movol	II0	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
This certificate, writing be forward ab be used a or removol	CERTIFICATION	WAS PERFORMED?	YES NO DO
This icote, be for the or rel	E.	21a EXTERNAL CAUSE WAS 21b TIME OF NIURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
NER: T certifice hould b iles. should tian, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	, , ,
sho sho file of a skill	WED W	21d INJURY OCCURRED 21e P.ACE OF IN.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the certificate the certificate the certificate of the certification of the ce		WHATE NOT WHATE factory, affice building, etc.)	
		220 I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	and in my opinion
DICAL IN COLUMN TO THE PROPERTY OF THE PURCHOR.		death resulted from Natural couses 3, Accident Suicide , Hamicide Undetermined monner	_ ' '
please e I director retained L DIRECT		CHIFF MEDICAL EXAMINER	-
º		SIGNATURE DELLE (V. Section of Signature Delle Standing Delle Stan	GNED
<u> </u>		EXAMINER'S DEPUTY MEDICAL EXAMINER   4-7-6	58
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr		NAME TYPE James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) Oakland.	Garr. Md.
5 = = ~ 5 =	23a		(aunty) (State)
0		Burial 14/9/68   George Cemetery   Swanton, Maryl	
VR ATSME (ISDAY	0	FUNERAL DIRECTOR  ADDRESS  ADD	a Judge
10M REV 1168	K	brold M. Minnich Oakland, Maryland DATE APR 10 1968 form	0 .

MAKTLANU STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL PECOPOS 301 W PRESTON STREET BALTIMORE MADVIAND 21201



1	1	MAKYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7 2 2 3
FOR STATE HEALTH-DEPT.	1 r		av Year 25 HOUR
HEALTH DEFT.	(	Type or Print)	
\$ 5 B	3 5		5,1968 7:30M
PM3 PM3 Douts	'	lost burkday MONINS DAYS HOURS MIN Manth	Year 1968 8:35M
- A E T E	7a	'(ale Cau. April 5, 1927 41 yrs April 5, 1968  BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? B. MARRIED   P COUNTY OF DEATH	1400 [0 - JUM
E 2		"Y) !!d. U.S.A. WIDOWED DIVORCED Garrett	Mc
death ve Poge with fi	10.	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT. ON 1 f nat n hospital 120 JSUAL OCCUPATION (Kind of work done 12	The KIND OF BUSINESS OR
offer death 3. Give Pogralong with with the Sta		Oairland give their address Co. Remorial Hosp du genteg at morphing by even if retired.) of	or. Boat Co.
hours ofter frem 18. Giv Office along lond 2 with the	13a	JSUAL RESIDENCE (Where decessed I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UM 15? 13e. STREET AND N JMBER dission) STATE 11d. 13b COUNTY Garrett Sizanton YES \(\sigma\) NO \(\sigma\) Along Deep Cree	h Labo
2 12 g	-		
hin 24 hours not in frem I niner's Office pages Tond 2 hours offer of	14.	ATHERS NAME First Middle Last 15 MOTHERS MAIDEN NAME First Middle  Nouvis C. Ravers Clost Pearl	lost Rogers
	1/2		
d be executed within 24 d'pending in pencil in Chief Medical Examiner's tronsit permit. Fire pages y event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS SIVAL (bs. ng. grynhknown) (11 ym gwe war groes of service) 213-22-4368 IVIs. Betty Ravens croft Deep Chec	iton, Md. 2k Lake
E E E		18. (AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPRDXIMATE INTERVAL BETWEEN DISET AND DEATH
executed in Medical E. Medical E. I permit. Fi		PART I DEATH WAS CAUSED BY CORONARY THROMBOSIS, RIGHT	SUDDEN
be extend "pend the file file file file file file file fil		410 9 DUE TO, OR AS A CONSEQUENCE OF	
Tonsi		Conditions, if any, which gave consected mediate cause (a) (b) CORONARY SCLEROSIS WITH	
9 de 19 de 19		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF HEMORRHAGE IN WALL	
he she to the to		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
s certificate signature si		TANA	
certificat , writing orworded used as c movol, as	NO L	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D AUTOPSY?
This certificate, writing the forword of the used of or removel,	CERT, FICAT	WAS PERFORMED?	YES NO NO
		210 EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	18)
NER: Te certifice should be files.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
3 3 7 5 6	W.	21d INJURY OCCURRED  21e PLACE OF INJURY (At hame, farm, street, part walls and walls and walls are factory, office building, etc.)	County State
EXAMINER: ute the certage 4 shoul your files. 'Page 3 shoi		WHILE NOT WHILE TOCTORY, Office building, etc.) AT WORK AT WORK	
DEPUTY SICAL EXAM cessory, please execute the funeroi director. Page 4 moy be retained for your tuneral director. Page atth prior to buriol, cren		220 <b>I certify</b> that I took charge of the remains described oboxe, held an Autopsy 🔀 , Inspection 🛣 , Inquiry 🔼 ,	and in my opinion
Figure 15 Puri Puri Puri Puri Puri Puri Puri Puri		death resulted from: Natural couses 🗷, Accident 🔼, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	]
please please retained to DIRECT to black ior to b		ACTUAL AC	
Try ple 77, ple ero di di con prior prior		SIGNATURE ASSISTANT MEDICAL EXAMINER	SNED
EPUTY SSORY, I funerof oy be r NNERAL Ith prid		examiner's James H. Feaster, Jr., M. D.  DEPUTY MEDICAL EXAMINER 14-5-68  ADDRESS(Street, city, town, or county) Oak land.	212
TO DEPUTY necessary, the funero 5 moy be TO FUNERA Health pr	20.	- CALLEGE - CALL	
7	230	BURIAL CREMATION 23b. DATE 23k NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C REMOVAL (Specify) 4/8/68 Greenmount Cemetery Cumberland, Allei	iounty) (State)
	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIG	
VR A15ME (5)			Mes Judge
10M REV 1.68	-	100 108	<u> </u>





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		1.1689	DIVISION OF VI					RE, MARYLAND	21201	*	3 .
371	DE	CEASED NAME First		Middle	EK HIFIC	ATE OF I		Direct As Delivit			La
S de la constant de l		me or neight				_	20	DATE OF DEATH Mont	h Day	Year	2b HOUR
-	. SE	EMM	1	SALOMA	RIN	IKER	Til	APRIL	11	1968	7:50FM
	. 36/	FEMALE	4. RACE WHIT	יכים		S. DATE OF BIR		6. AGE (I lost b <u>i</u> r	thdoy)		HOURS M.N.
<b>7</b>   7	o B		7b. CITIZEN OF WHAT		a		12, 188		6 YRS.		
(	aun O b	(ry) W.VA.		LOUNIKIT		NEVER MARR	ILV L	OUNTY OF DEATH			
1/	ם כו	TY OR TOWN OF DEATH	U.S.A.	OF HOSPITAL OR INS	WIDOWED			GARRETT		Tall William or a	Md.
, 1		OAKLAND	RHATS	EHISS) COUN	TY ME	DRIAL	during most of	CUPATION (Kind of working of Keven	uf retired)	12b. KIND OF B INDUSTRY OW 11	Hom e
113 113 113 113 113 113 113 113 113 113	3a. I dmis	JSUAL RESIDENCE (Where decease sian) STATE T.T. T.A.	LIGHT COLINITY	Sept.	13c. CITY OR		3d. INSIDE CITY LIMITS?	13e. STREET AND	NUMBER		
-		W. V.A.	130 COGN11	GRANT	H.	STORM	YES NO	BOX	/- 71	Rt.50	
1.	4. F/	THER'S NAME First	Middle	Last	12	MOTHER'S MAI	DEN NAME First		Middle		Last
L		EDWARD		HAWK			ANNIE			HANLI	N
اا	6a. Ye	WAS DECEASED EVER IN U.S. ARM s, na, ocupaknawa) (11 yes give wo	ED FORCES? 16b	SOCIAL SECURITY N	17 1	NFORMANT			Address		
⊫	-	Mo	or or dates of service) 23	0-00-10	DORH%	STLAS	RTNKER_	BOX # 7	NT	STORM I	7 VA
	-	18. CAUSE OF DEATH (Enter gnl)	y one couse per line fo	or (07, (6)) and (c).)		a andra	11/1	1-1		BETWEEN ONS	ATE INTERVAL SET AND GEATH
	1	PART I. DEATH WAS CAUSED IMMEDIATE	TE CAUSE (o)	Carc	MA	Mac (	XIE/M	ach		180	490-
	-1	a to to I was	OUE TO, OR AS A	CONSEQUENCE OF	\	- Oni					
	1	Conditions, if any, which gave )	(b)	exper	10	XXXXX	200			gra	10
		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						/ .	
	L		(t)	TO DEATH DIFF NO	T BELATED TO		DISTING OR COLOR				
		PART 2. OTHER SIGNIFICANT CON	THIONS CONTRIBUTING	TO DEATH BUT NO	OI KELAIED IC	) THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN PART	1(0)		
	CERTIFICATION	9a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH (	PERATION WAS PER	FORMED	20a. AUTOP	SY?	20b IF YES, WERE	FINDINGS C	ONSIDERED IN CER	TIFYING
	2					YES 🖂	NO T	CAUSES OF DEATH			
		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJ		21c. HC	1 -		re of injury in Part	l or Part 2.	Item 18.)	
3	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. M	anth Day Year	i			(- /			
1	ਭ [	21d. INJURY OCCURRED 21e. J	PLACE OF INJURY (AT )	19 IOME: FARM, STREET, FACT		CATION Street	ar R.F.D. No.	City or Town		County	State
		While Nat while I	\ OFFI	CE BUILONIG, ETC.	1	11 1	1.				
	f	22a. I <b>certify</b> that (I) (this saw the deceosed all	haspital) attende	ed the decease	d from	Huch	19_6	, to APRIL	11, 19	68_, that (	(I) (we) last
		saw the deceosed ali	ve on APRIL	11	9_60 and	thot in (my	) (our) opinion	death occurred	on the da	te and hour o	nd from the
	F	couses stated above,	(i) (we) (did) (did	not) view the b	ady offer o	ieoth.			Loc	DATE CIONED	
		220. SIGNATURE	1/1-	rn 1	Drob	ATTENDING	MED.	OR STAFF	7226.	DATE SIGNED	100
/	-	22d, PHYSICIAN'S	Maric		DEGR	EE PHYS.  22e. ADDR		DR PHYS.		-ce//ni	<u>us</u>
1		NAME (Type) DR.	A. E. MAI	NCE		226. NUUK		ND. MARYT	C CIMA.	ז בבר	
23	3a.	BURIAL, CREMATION, 23b. D	ATE	23c NAME OF C	EMETERY OR	CREMATORY					(State)
		Burnisally) 4/	14/68	Cosner	· Ceme	etery	Bi	LOCATION (City or SMARCK,	Grant	CO.W.	va.
2	4	UNERAL DIRECTOR	11	Blaggiesh	Sna Wa V	CL p	2Sa REC'D BY REC		REGISTRAR'S		
(	11	my Mildred	Marken?	. O WT 0	1570	er,Md.	DATE On 1	E 1008	ישר לינון	eley Just	ge_



	MAKILANU STATE DEPAKIMENT OF HEALTH	
5	CERTIFICATE OF DEATH	1.1
G B G B B B B B B B B B B B B B B B B B	(Type or print)	ь ношя
		IDER 24 HRS.
The law requires that the death certificate be executed within 24 hours after attending physicion. hos been signed by the attending physicion and completely filled in by the figure is as the burial-transit permit. Then please remove carbon papers. Bages the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal.	70. BIRTHPLACE (Stote or foreign country) Maryland USA   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED   DIVORCED   Garrett	Md.
oe executed within 24 and completely filled remove carbon pape in any event, within 7.	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital OR USUAL OCCUPATION (Kind of work done of HOSPITAL OR INSTITUTION (If not in hospital of Hung most of working like even if retired.)  120 USUAL OCCUPATION (Kind of work done of HOSPITAL OR INSTITUTION (If not in hospital of Hung most of working like even if retired.)  121 USUAL OCCUPATION (Kind of work done of HOSPITAL OR INSTITUTION (If not in hospital of Hung most of Working like even if retired.)	IESS OR
rcuted y ompleti	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before   13c. CITY OR TOWN   13d. INSIDE CTY LIMITS?   13e STREET AND NUMBER   13b COUNTY Garrett  Oakland   YES ▼ NO□ 316 E. Alder St.	
be exe n and c ie remo	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lo Gilber Gilber	
ertificate be physicion a nen please i ioval, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, TWO unknown) (1 yes give wer or doles of service) 212-38-6007 Mrs. B. F. Selby, Oakland, Md.	
equires that the death certificate be exe physicion. signed by the attending physicion and co burial-transit permit. Then please remo burial, cremation, or removal, and in any	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) )  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Cereberal vascular accident  3 days.	TERVAL ID DEATH
the de he atte it perm ation, c	DUE TO, OR AS A CONSEQUENCE OF	
requires that th g physicion. signed by the burial-transit p burial, cremati	rise to Immediate cause (a).  stating the underlying cause last.  (b) Arteriosclerosis, generalized  DUE TO, OR AS A CONSEQUENCE OF  (c)	
requiring physical signs of physical ph	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
t: The law re or aftending te hos been use os the l	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Forer patters of trium, in Part 1 or Part 2 from 183)	ING
CIAN: The fiel or at fittore had for use for use for the fitter fo	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or attending physicion.  SIRECTOR: After this certificote hos been signed by e 3 should be defoched for use as the burial-trade with the State Dept. of Health prior to burial, cre	(If either, notify medical exominer)   P.M.   19  21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.)   21f. LOCATION Street or R F.D. No. City or Town County  While   Not while   at work   at	State
OR ATTENDING De retained by the MRECTOR: After the 3 should be do with the State	22a   certify that (I) (this haspital) attended the deceased fram 12-67, 19, ta4-26-68, 19, that (I) (saw the deceased alive an 4-26-68 part of the deceased fram 19 and that in (my) (say) apinian death accurred an the date and have and causes stated above, (I) (say) (did) (say) view the body after death.	ram the
ATTENI retained retained ECTOR: / 3 should with the	22b. SIGNATURE 22c. DATE SIGNED	
	224 PHYSICAN S  220 ADDRESS  DEGREE PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. DIR	
O HOSPITAL OR ATTEN Poge 4 moy be refamed O FUNERAL DIRECTOR: director, page 3 should	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Sh	ote)
VR A 3 5 (4) 30M REV 1/68	REMOVAL Section 5/1/68 Oakland Cometery Oakland Garrett, Md.  24 FUNERAL DIRECTOR 1250. RECTO BY REGISTRAR S. S. GNATURE 250. RECTO BY REGISTRAR S. GNATURE 250. RECTO BY REGISTRAR S. S	der
30M REV 1/68	John O. Dyrst, Oakland, Md. DATE MAY 0 1 1968 formaries	0

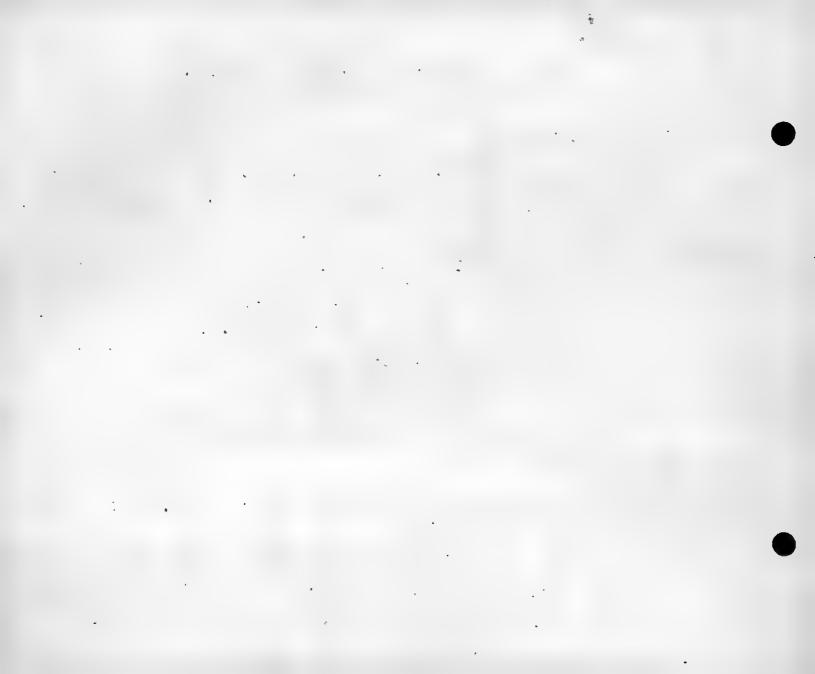


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	Ιt	em#4,Film#G40	0 5/24/63 km		TE OF DEATH	, , , , , , , , , , , , , , , , , , , ,	11101
ELE		CEASED-NAME Firs	t Midd	le	Last	2a. DATE OF DEATH  Month  D	2b. HOUR
to the season		ERV			TTH	APRIL 2	7 1900
the fu	3. SE	x MALE	4. RACE WHITE		DATE OF BIRTH APRIL 25, 189	6. AGE (In years loss dividingly years)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
haurs after n by the strongs after source after strongs af	70. E	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?			. COUNTY OF DEATH	0.1
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filled thin		ITY OR TOWN OF DEATH	1) NAME OF HOSPIT	ALOR INSTITUTION (If not in COUNTY NEMO	n hospital 120. USUAL	OCCUPATION (Kind of work done	
with stely rban		OA KLA ND				of working life even if retired.	TEACHER
cuted ample eveni	adm	ssion) STATE LARYLA	used lived, if institution: Residence NI 13b. COUNTY GARRI		VEGET NO.		RD STREET
exe and co	14. F	ATHER'S NAME First	Middle	Lost IS. N	NOTHER'S MAIDEN NAME Fir		Last
e be no no no no no no no no			ELLSWORTH SMIT			PTA BIBLER	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages shauld be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 lours after	16a. Y	WAS DECEASED EVER IN U.S. AF 85, na, ar unknawn) (If yes gwe	AMED FORCES? 16b. SOCIAL S war or dutes of service) 216-22		ORMANT ADA LAVERTA	OAKLAMI; SMTH -436 S.	MD. 21550
ng p The		18 CAUSE OF DEATH (Finter of	anly one cause per line for (o), (b),	and (ch)		~	BETWEEN ONSET AND DEATH
Jeatl rendi		PART I. DEATH WAS CAUS IMMED	IATE CAUSE (a)		ombosia		29 days.
the at per	П	Conditions, if only, which gave	DUE TO, OR AS A CONSEQU	ence of enioscleno	Vic CUDW	,	Vid
hat n. oy th ansi		rise to immediate cause (o), stating the underlying cause	(8)		10 CO 00	,	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filled with the State Dept. af Health priar ta	MED	21d. INJURY OCCURRED 21d While Not while at wark	B. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	STREET FACTORY, 21f. LOCA	TION Street or R.F.D. No.	City or Town	County State
NG F r the er th s dei		at wark at work 220 L certify that (1) (t	his hospital) attended the	deceased from	Sept 196	√7 to APRIL 29 1	9 68 that (I) (we) last
ENDIR		saw the deceased	alive an APRII 29	19.68, and t	hat in (my) (our) apın	ion deoth occurred an the c	9 <u>68</u> , thot (I) (we) last date and haur and fram the
ATT ATT CTOP Short ith 1	ı	22b. SIGNATURE	1) (We) talla) (alla liot) viii	ew life body offer de-		22	DATE SIGNED
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MAKTLAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost Middle 20. DATE OF DEATH DECEASED NAME First 2b HOUR (Type or print) Harriett Creighton April Sowers 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER , YEAR LE LINDER 24 HRS warinari unitsi permit. Then please temave carban papers. Pages 1ª burial, cremation, ar remaval, and in any event, within 72 hours after 6. AGE (In years after last birthday) MONTHS I DAYS HOURS Female White Feb. 94 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED T NEVER MARRIED Garrett USA Co. WIDOWED F DIVORCED [7] GARRETT 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most af warking life, even if retired.) INDUSTRY Oakland St. Home nnington dousewife Own 13o USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN DIA INSIDE OILY AM TS? 13e STREET AND NUMBER 13b. COUNTY. Garrett odmission) a STATE Land YES 🔜 NO W. Pennington Oakland Middle 14. FATHER'S NAME First M.ddle Lost 15. MOTHER'S MAIDEN NAME First Jefferson Shaffer Marv Martha Rilev Thomas physician 16b. SOCIAL SECURITY NO 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknawn) I (If yes give war or dates of service) Mrs. William Hardestv Oakland 215-01-9066 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a),-(b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any which gave ) rise to 'mmediate cause (o). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A COMSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES | NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City of Town While Nat while of work 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 19 & ond that couses stated above, (1) (we) (did this not) view the bady ofter death. \_19\_68 and that in (my) (our) opinion death occurred on the date and haur and from the 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Oakland, Md. 21550 HERBERT NAME (Type) LEIGHTON. M.D Oak at Fifth 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial Oakland Cemetery Oakland Garrett **EUNERAL DIRECTOR** ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 [4] 30M REV. 1/68 Oakland, Maryland DATE



1 ~	MARYLAND STATE DEPARTMENT OF HEALTH  3.5.39 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH											61
HEALTH DEDT 1 /		ECEASED-NAME Type or Print)	Firs		Mic	Idle	Last		2a DATE KNOWN	Month [	Day Year	25 HOUR
s o e e			CHARL		WILLI		TRAWSE			1-14-6	8 19	8:20 M
2, and 3 to PM3, Page HINA, Page	3 S <b>M</b> 8	le	4. RACE White	3. DATE OF BI		6 AGE [ n years 54 birthday) YRS	F UNDER YEAR  MONTHS DAYS	HOURS N		Day 11	<sup>year</sup> 19 68	2d. HOUR 8:29 <sub>0</sub>
1,2, m	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH											
Poges In form	CQUARTY) W.Va. USA WIDOWED DIVORCED Garrett,							-	Md			
r death ve Pog y with the Sto	Oakland (DOA) Garr. Co. Mem. Hosp. Truck Driver it refired)								2b KINDSTRY NDUSTRY ROA	d <b>s</b>		
INER: This certificate should be executed within 24 hours after death as certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a burial-transit permit. File pages land 2 with the State Dation, or removal, and in any event within 72 hours after death	13a	13a SJAL RESIDENCE (Where deceased lived, finstitution Residence before 13c City OR TOWN admission) STATE Md. 13b (OUNTY Garrett Deer Park yes \( \subseteq No \overline{\overline{\chi}} \) NO \( \overline{\chi} \) Route 2, Box 121										
Thours Them 18 Office Tand2 v	14. 1	ATHER'S NAME	First	Middle		Last	IS MOTHERS MA	AIDEN NAME F	ırst	Middle	Los	
24 + 24 + 11 + 11 + 11 + 12 + 13 + 13 + 13 + 13	L	Joseph Strawser Emma								Parks		
hin 24 noth in niner s pages hours		WAS DECEASED EVI es, no, or unknow		FORCES? war or dates of service)	16b SOCIAL SE		7 INFORMANT			DRESS	D	Md.
This certificate should be executed within cote, writing the word "pending" in pencil be forworded to the Chief Medical Examine be used as a burial-transit permit. File pagint removal, and in any event within 72 hours.					-		Mrs.	C. W.	Strawser	, Rt 2	Deer APPROXIMATE	Park
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s certif e, writh forwor used emovo	CERTIFICATION	WAS PERFORMED?									YES [	NO 🔼
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INER: 7 e certifice should b files. 3 should	MEDICAL	PRIMARY OF DEATH	CONTRIBUTING [		М, М.	19		,	,			
AINER. he cert i shoul r files. 3 shou nation	WED	21d INJURY OCC	JRRED 21e.	PLACE OF INJURY (	At home, farm,	street, 2	If LOCATION Stree	et or R.F.D. No	City or Town		County	State
TY SICAL EXAMINER:  y, please execute the certificate director Page 4 should be retoined for your files.  (AL DIRECTOR: Page 3 should prior to burial, cremation,		AT WORK A	WORK I	ctary, affice buildin	ig, eic.;							
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o DEPUTY CLCA necessary, please e the funerol director 5 may be retoined o FUNERAL DIRECTA Health prior to but		EXAMINER'S NAME -(Type)	James H	. Feaste:	r, Jr.,	H. D.			r, tawn or county) Os			Md.
TO DEPUT necessary the funer 5 may be 10 FUNERA	230	BURIAL, CREMAT	ION 23b.	DATE	23c. N	AME OF CEMETERY			23d LOCATION (City of			itote)
	_	REMOVAL (Spec.	1 1//	1/17/68	3 A E	glon Ce	metery		Eglon,		on,W.V	a.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH M.ddle Last DECEASED-NAME First 2a. DATE OF DEATH (Type or print) ALTA MABEL SWEITZER April 1968 burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 849 birthday) Female White 1887 Nov. 17. requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED T NEVER MARRIED T country) Maryland and campletely filled in TISA WIDOWED 🔀 DIVORCED [7] Garrett 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Own home Mt. Lake Park Street. 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 136 INSIDE CITY JIMITS? 13e STREET AND NUMBER odmission) STWaryland 13b. GOUNTY rett HEI Mt.Lake Street 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First First Middle Albert B. Fitzwater Florence White 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Son Yes, no or unknown) [If yes give war or dates of service] Mt. Lake Park James Wm. Sweitzer. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gove) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cousei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO TO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from Sent 65, 19. saw the deceased alive an \_\_\_\_\_\_\_\_, and that causes stated abave, (1) (we) (did) (did nat) view the body after death. , and that in (my) (aur) apinian death accurred an the date and haur and fram the 220 DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Grant. M.D. Oakland, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) LW/10/68 PLEMOVAL (Specify) Garr. Co. Mem. Gardens Oakland. Garrett. Md. 24. FUNERAL DIRECTO 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) John O. Maryland 30M REV 1/68



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